

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90078 014 \*\*\*150.00

**DOCUMENT # P97000079589**

1. Entity Name

J PARKS INTERIOR FURNISHINGS, INC.



Principal Place of Business

4159 NORTHMEADOW CR  
TAMPA FL 33624  
US 33618

Mailing Address

PO BOX 271510  
TAMPA FL 33688-1510  
US

2. Principal Place of Business

4159 Northmeadow Cr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 271510

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State  
Tampa FL

Zip  
33618

Country

Hillsborough

City & State  
Tampa FL

Zip

33688-1510

Country

Hillsborough

4. FEI Number

59-3467977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARKS, JAMES M  
4159 NORTHMEADOW CR  
TAMPA FL 33624  
33618

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code  
33618

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PARKS, JAMES M	
STREET ADDRESS	4159 NORTHMEADOW CR	
CITY-ST-ZIP	TAMPA FL 33624 33618	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PARKS, BEVERLY P	
STREET ADDRESS	4159 NORTHMEADOW CR	
CITY-ST-ZIP	TAMPA FL 33624 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parks, James M	
STREET ADDRESS	4159 Northmeadow Cr.	
CITY-ST-ZIP	Tampa FL 33618	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parks, Beverly P	
STREET ADDRESS	4159 Northmeadow Cr.	
CITY-ST-ZIP	Tampa FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Beverly P. Parks Beverly P. Parks 01/26/04 813-265-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #